

39125  
FILED NOV 17 1950 STANDARD CERTIFICATE OF DEATH

State File No. ....

9438

BIRTH NO. ....		REG. DIST. NO. <u>218</u>		PRIMARY REG. DIST. NO. <u>4002</u>		Registrar's No. ....	
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY			
b. CITY (If outside corporate limits, write RURAL and give township) OR <u>St. Louis</u> TOWN <u>St. Louis</u>				c. CITY (If outside corporate limits, write RURAL and give township) OR <u>St. Louis</u> TOWN <u>St. Louis</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Homer G Phillips Hospital</u>				d. STREET ADDRESS (If rural, give location) <u>1710 1/2 Division St</u>			
3. NAME OF DECEASED (Type or Print)		a. (First) <u>Walter</u>		b. (Middle) <u>J</u>		c. (Last) <u>Turner</u>	
4. DATE OF DEATH (Month) (Day) (Year) <u>Nov. 3 1950</u>		5. SEX <u>M</u>		6. COLOR OR RACE <u>Col</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) <u>MARRIED</u>	
8. DATE OF BIRTH <u>9-1-1902</u>		9. AGE (In years last birthday) <u>48</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Laborer</u>		11. BIRTHPLACE (State or foreign country) <u>Brooksville Miss</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>		13a. FATHER'S NAME <u>Unknown</u>		13b. MOTHER'S MAIDEN NAME <u>Mattie Turner</u>		14. NAME OF HUSBAND OR WIFE <u>James Etta Turner</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>498-03-6031</u>		17. INFORMANT'S SIGNATURE OR NAME <u>James Etta Turner</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cirrhosis of Liver</u>  ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u>  DUE TO (b) <u>Undetermined</u>  DUE TO (c) _____  II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>			
19a. DATE OF OPERATION				19b. MAJOR FINDINGS OF OPERATION			
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>				21a. ACCIDENT SUICIDE HOMICIDE (Specify)			
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)				21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min) <u>381.0</u>				21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			
21f. HOW DID INJURY OCCUR? <u>381.0</u>				22. I hereby certify that I attended the deceased from <u>10-21</u> , 19 <u>50</u> , to <u>11-3</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>11-3</u> , 19 <u>50</u> , and that death occurred at <u>9 a</u> m., from the causes and on the date stated above.			
23a. SIGNATURE <u>Lawrence Harris</u>				23b. ADDRESS <u>2601 N Whittier St</u>			
23c. DATE SIGNED <u>11-6-50</u>				24a. BURIAL, CREMATION, REMOVAL (Specify) <u>11-9-50</u>			
24b. DATE <u>11-9-50</u>				24c. NAME OF CEMETERY OR CREMATORY <u>Washington Park</u>			
24d. LOCATION (City, town, or county) (State) <u>MO</u>				25. FUNERAL DIRECTOR'S SIGNATURE <u>Gus Lowe</u>			
25. DATE REC'D BY LOCAL REG. <u>NOV 7 1950</u>				25. REGISTRAR'S SIGNATURE <u>J B Lasater</u>			
25. ADDRESS <u>2930 Dickson St</u>				25. ADDRESS <u>2930 Dickson St</u>			

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by \_\_\_\_\_

working under my personal supervision.

Student Embalmer No. ....

Signed

*Arthur L. Heiliard*

Signed.....  
Student Embalmer

Licensed Embalmer No. *4221*

P. O. Address *4049 St. Ferdinand*

**Note:** The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.